

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028214

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 292 Primary Registration District No. 4436 Registrar's No. _____

VS 300
Rev. 4/59

6870

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

DECEASED JUL 23 1962			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Ralls			a. STATE Missouri COUNTY Ralls		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London		Length of stay in 1b	c. CITY OR TOWN New London		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VOLENTONE P. MATSON			4. DATE OF DEATH July 15, 1962 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ralls County Missouri		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Enoch G. Matson		13b. MOTHER'S MAIDEN NAME Ethel Fran Julia Chinn		14. NAME OF HUSBAND OR WIFE Ethel Frances Flwoeree	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Campbell Matson New London Mo Address		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Coronary Thrombosis			1/2 hours		
DUE TO (b) Myocarditis Chronic			1 year		
DUE TO (c) Unknown					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None Known			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m., p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 9 62 to July 15 62 and last saw her alive on July 13 1962 Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. H. Brooks DO			22b. ADDRESS Center, Mo		22c. DATE SIGNED 7-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/17/1962	23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		23d. LOCATION (City, town, or county) (State) New London Missouri	
24. FUNERAL DIRECTOR Smith's Funeral Home Hannibal Missouri			25. DATE RECD. BY LOCAL REG. 7/16/62	26. REGISTRAR'S SIGNATURE Edythe C. Wilkey	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.